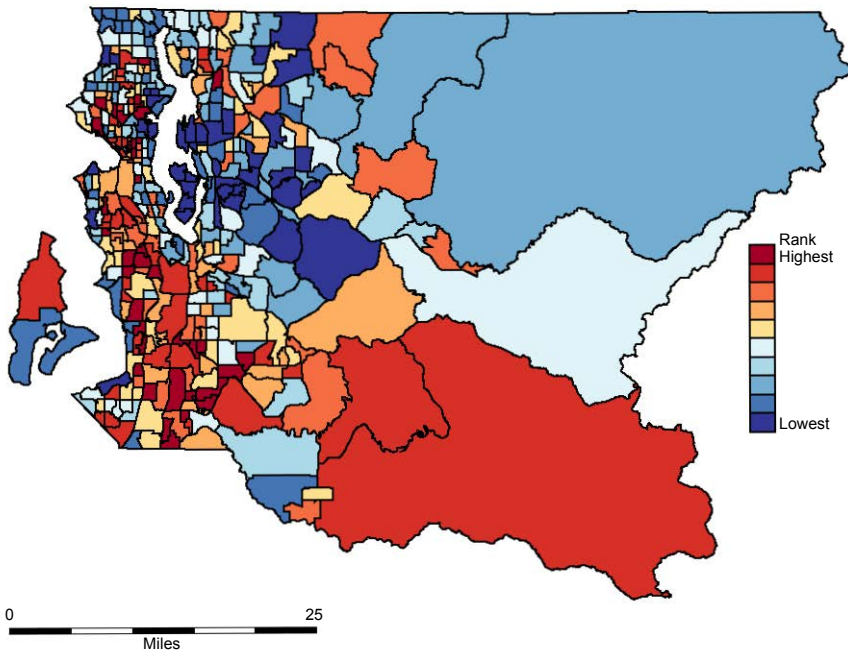


# Adverse Childhood Experiences



Source: BRFSS, for adults age 18+

**Title:** Adverse Childhood Experiences (ACEs)

**Definition:** Adults who reported experiencing 4 or more of the following during their childhood: sexual abuse, verbal abuse, physical abuse, witness domestic violence, parents separated/divorced; substance abusing household member, household member in prison, or mentally ill household member.

**Relevance:** Adverse Childhood Experiences (ACEs) harm social, cognitive, and emotional functioning. Frequent or prolonged exposure to such experiences can damage the developing brain through stress. The Washington State Family Policy Council states that “the cumulative stresses of ACEs are the most powerful determinant of the public's health and the strongest common driver of mental, physical and behavioral health costs.”

**Rank:** To identify geographic areas of need, census tracts were rank-ordered from highest to lowest percent of adults who reported 4 or more ACEs. The tracts were then divided into 10 groups. Dark reds show tracts with the highest rates; dark blues show tracts with lowest rates.

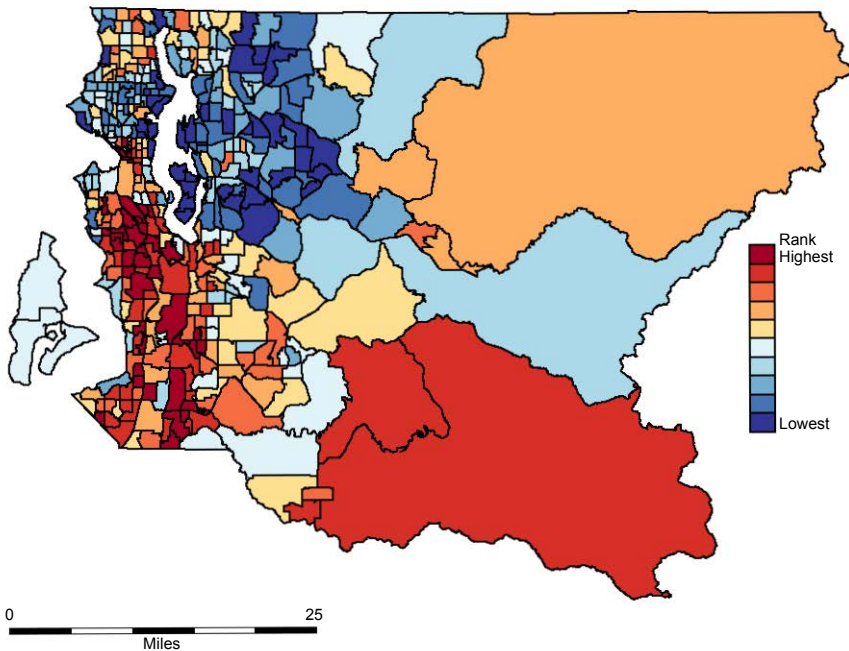
**Data Year:** 2009-2011 averages.

**Data Source:** Behavioral Risk Factor Surveillance System

**Disclaimer:** Census tract information is based on smoothed rates obtained using a mixed effect logistic regression model, for purposes of identifying communities where investments of resources and time can have a big impact. Please see Communities Count for a more thorough analysis of ACEs.

<http://www.communitiescount.org/index.php?page=frequency-of-aces>

# Current Smoker



**Title:** Current Smoker

**Definition:** Percent of adults (18+) who smoke

**Relevance:** Tobacco use is the leading preventable cause of death and disease in the United States. It is a major risk factor for heart disease, respiratory disease, and cancer. Exposure to secondhand smoke increases the risk for heart disease and lung cancer among nonsmokers.

**Rank:** To identify geographic areas of need, census tracts were rank-ordered from highest to lowest rates of current smoking among adults. The tracts were then divided into 10 groups. Dark reds show tracts with the highest rates; dark blues show tracts with lowest rates.

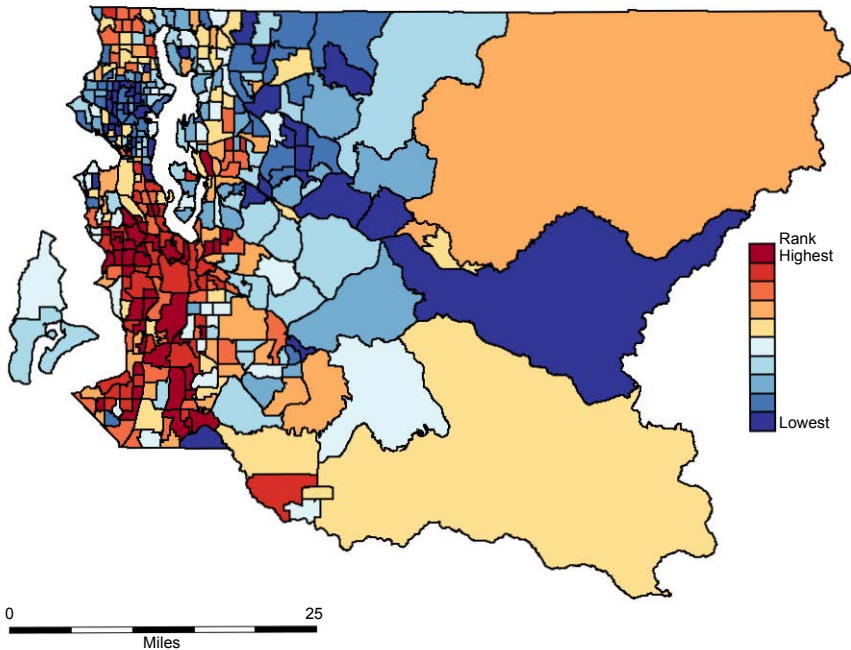
**Data Year:** 2005-2012 average

**Data Source:** Behavioral Risk Factor Surveillance System

**Disclaimer:** Census tract information is based on smoothed rates obtained using a mixed effect logistic regression model, for purposes of identifying communities where investments of resources and time can have a big impact. Please see Public Health-Seattle & King County's Community Health Indicator webpage for more information.



# Diabetes Prevalence



Source: BRFSS, for adults age 18+

**Title:** Diabetes Prevalence

**Definition:** Adults who have ever been diagnosed with diabetes by a doctor.

**Relevance:** Diabetes is characterized by having high blood glucose (blood sugar). When a person has diabetes, the body either does not produce enough insulin or is unable to use its own insulin effectively. When diabetes is uncontrolled, it can lead to kidney failure, blindness, lower extremity amputation, and even death. Diabetes is a major risk factor for heart disease and stroke.

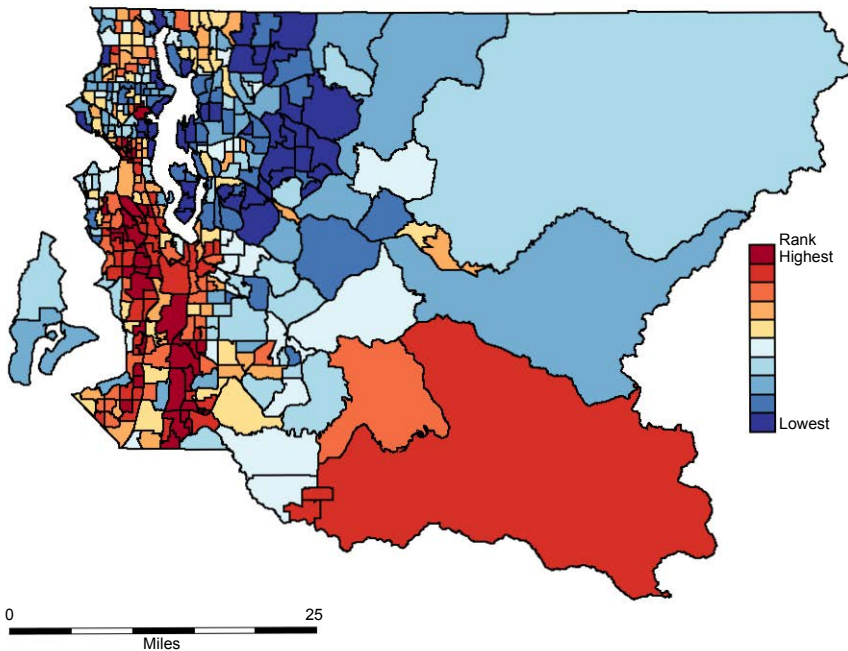
**Rank:** To identify geographic areas of need, census tracts were rank-ordered from highest to lowest rates of diabetes. The tracts were then divided into 10 groups. Dark reds show tracts with the highest rates; dark blues show tracts with lowest rates.

**Data Year:** 2005-2012 average

**Data Source:** Behavioral Risk Factor Surveillance System

**Disclaimer:** Census tract information is based on smoothed rates obtained using a mixed effect logistic regression model, for purposes of identifying communities where investments of resources and time can have a big impact. Please see Public Health-Seattle & King County's Community Health Indicator webpage for more information about diabetes. <http://www.kingcounty.gov/healthservices/health/data/indicators/HealthOutcomesDiabetesPrevalence.aspx>

# Frequent Mental Distress



Source: BRFSS, for adults age 18+

**Title:** Frequent Mental Distress (FMD)

**Definition:** Adults who experienced stress, depression, and emotional problems for 14 or more days in the last month.

**Relevance:** Frequent Mental Distress is associated with decreased consumption of five fruits or vegetables a day, lack of physical activity, sleep insufficiency, and continuing to smoke cigarettes. Mental illness is a leading cause of disability and premature mortality, and accounts for over 15% of the burden of all diseases in the U.S.

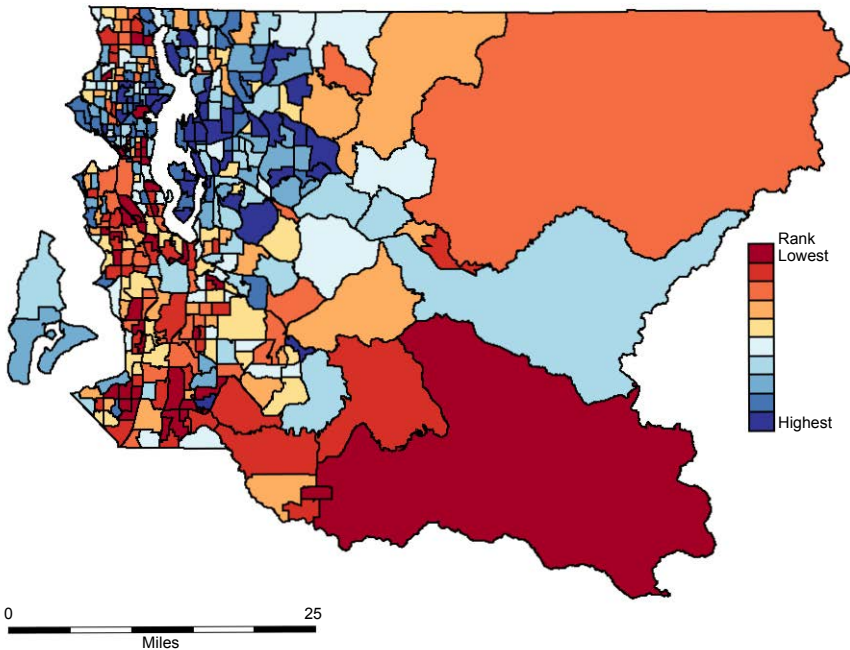
**Rank:** To identify geographic areas of need, census tracts were rank-ordered from highest to lowest rates of Frequent Mental Distress. The tracts were then divided into 10 groups. Dark reds show tracts with the highest rates; dark blues show tracts with lowest rates.

**Data Year:** 2005-2012 average

**Data Source:** Behavioral Risk Factor Surveillance System

**Disclaimer:** Census tract information is based on smoothed rates obtained using a mixed effect logistic regression model, for purposes of identifying communities where investments of resources and time can have a big impact. Please see Public Health-Seattle & King County's Community Health Indicator webpage for more information about Frequent Mental Distress: <http://www.kingcounty.gov/healthservices/health/data/indicators/HealthOutcomesMentalDistress.aspx>

# Life Expectancy at Birth



**Title:** Life Expectancy at Birth

**Definition:** The number of years a newborn is expected to live

**Relevance:** Life expectancy is a gauge of overall community health.

**Rank:** To identify geographic areas of need, census tracts were rank-ordered from lowest to highest rates of life expectancy at birth. The tracts were then divided into 10 groups. Dark reds show tracts with the lowest life expectancy rate at birth; dark blues show tracts with highest rate.

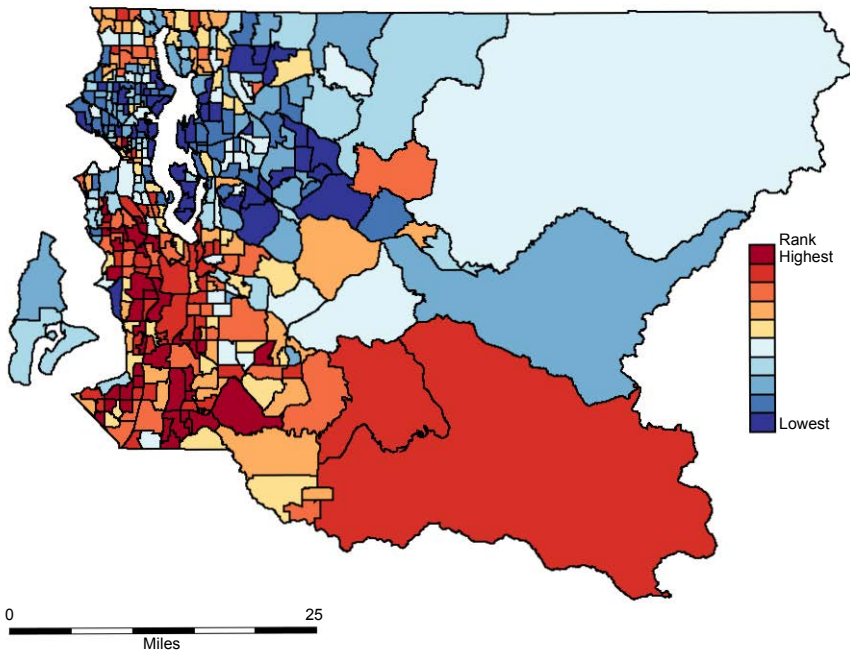
**Data Year:** 2007-2011 average

**Data Source:** Washington State Department of Health Death Certificates

**Disclaimer:** Census tract information is used for purposes of identifying communities where investments of resources and time can have a big impact. Please see Public Health-Seattle & King County's Community Health Indicator webpage for more information about life expectancy.

<http://www.kingcounty.gov/healthservices/health/data/~media/health/publichealth/documents/indicators/HealthOutcomesLifeExpBirth.ashx>

# Obesity



Source: BRFSS, for adults age 18+

**Title:** Obesity

**Definition:** Body mass index (BMI) greater than 30 among adults

**Relevance:** Obesity is the second leading cause of preventable death. It also increases the risk of coronary heart disease, stroke, hypertension, diabetes, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems; and endometrial, breast, prostate, and colon cancers.

**Rank:** To identify geographic areas of need, census tracts were rank-ordered from highest to lowest rates of adult obesity. The tracts were then divided into 10 groups. Dark reds show tracts with the highest rates; dark blues show tracts with lowest rates.

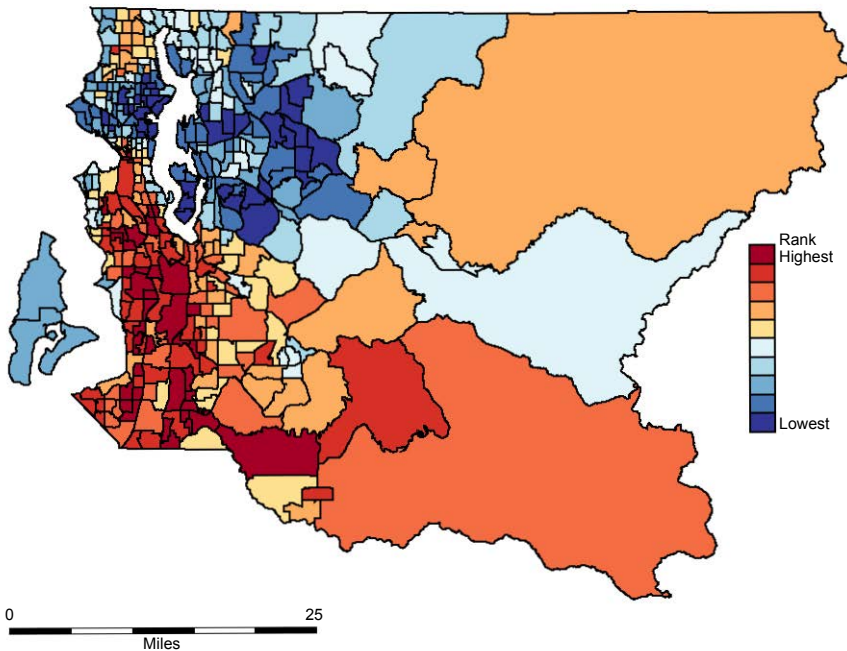
**Data Year:** 2005-2012 average

**Data Source:** Behavioral Risk Factor Surveillance System

**Disclaimer:** Census tract information is based on smoothed rates obtained using a mixed effect logistic regression model, for purposes of identifying communities where investments of resources and time can have a big impact. Please see Public Health-Seattle & King County's Community Health Indicator webpage for more information.



# Preventable Hospitalization



Source: CHARS, estimated based on ZIP code level data

**Title:** Preventable Hospitalization

**Definition:** Prevention Quality Indicators (PQI) Overall Composite. The PQI composite is based on the number of hospital admissions for: diabetes with short-term or long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection. The PQI was developed by the Agency for Healthcare Quality and Research (AHRQ).

**Relevance:** PQI conditions are ones where good outpatient care could potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. The PQIs are measured as rates of admission to the hospital for these conditions in adults 18 and older.

**Rank:** To identify geographic areas of need, census tracts were rank-ordered from highest to lowest rates of preventable hospitalizations. The tracts were then divided into 10 groups. Dark reds show tracts with the highest rates; dark blues show tracts with lowest rates.

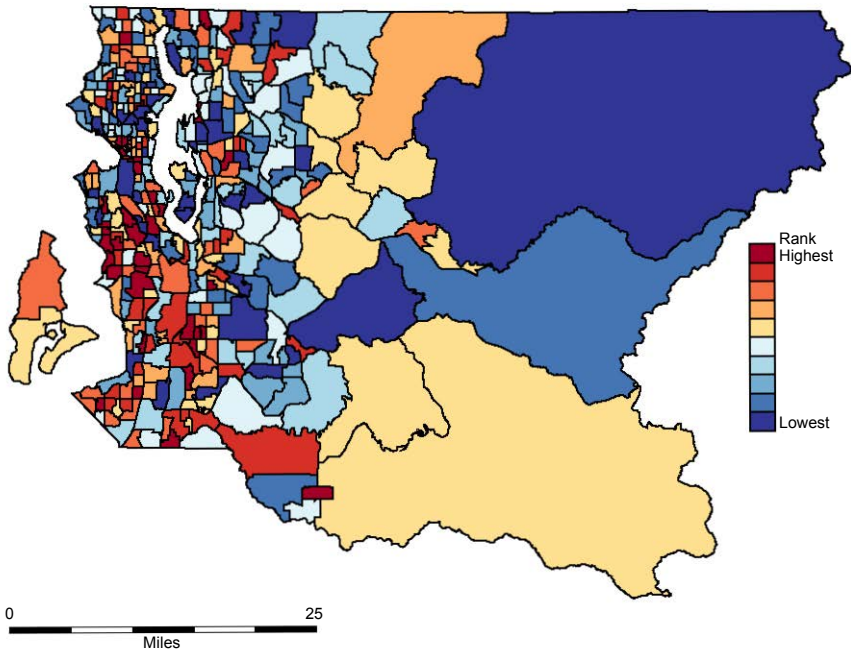
**Estimation Method:** the PQI composite rates are estimated using a multivariate regression model combining ZIP code level hospitalization rate and census tract level demographics from the American Community Survey (ACS). ZIPs are assigned to tract using the Housing and Urban Development (HUD) correspondence file.

**Data Year:** 2007-2011 average

**Data Source:** Comprehensive Hospital Abstract Reporting System (CHARS); WA State Department of Health; and the American Community Survey (ACS), Census Bureau.

**Disclaimer:** Census tract information is based on smoothed rates obtained using a mixed effect logistic regression model, for purposes of identifying communities where investments of resources and time can have a big impact. Please see <http://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V45/TechSpecs/PQI%2090%20Prevention%20Quality%20Overall%20Composite.pdf> for more information about the measure.

# Poor Housing Conditions



**Title:** Poor Housing Conditions

**Definition:** Households with two or more of the following housing conditions: housing costs > 30% of income; more than 1 person per room in the house; no working kitchen; no working bathroom.

**Relevance:** Housing quality and health outcomes in the United States are intimately linked. Substandard housing is associated with injury, respiratory infections, lead poisoning and asthma. Housing conditions may also reflect neighborhood conditions.

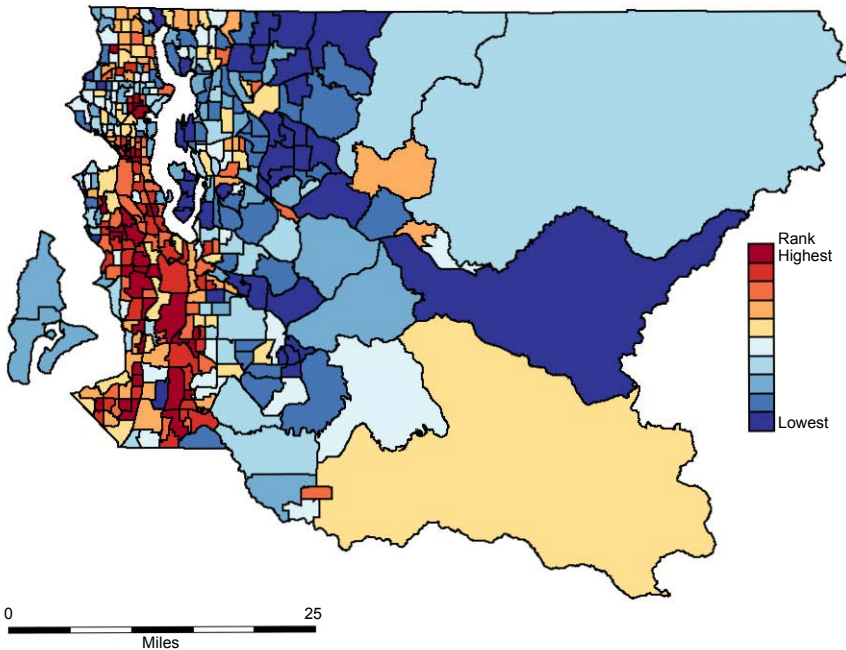
**Rank:** To identify geographic areas of need, census tracts were rank-ordered from highest to lowest rates of households having more than 1 poor housing condition. The tracts were then divided into 10 groups. Dark reds show tracts with the highest rates of poor housing conditions; dark blues show tracts with lowest rates.

**Data Year:** 2007-2011 average.

**Data Source:** American Community Survey (ACS), Census Bureau

**Disclaimer:** Census tract information is used for purposes of identifying communities where investments of resources and time can have a big impact. Please see Communities Count webpage for more detailed analyses of housing affordability. <http://www.communitiescount.org/index.php?page=housing>

# Percent Below 200% Poverty



**Title:** Percent below 200% Poverty

**Definition:** The percent of households who make less than 200% of the Federal Poverty Level (FPL).

**Relevance:** The Federal Poverty Level (FPL) is a guideline for determining eligibility for various federal, state, and local social service programs. For 2013, 200% of the FPL is an income below \$22,980 for an individual or \$47,100 for a family of 4. Poverty impacts mental and physical health.

**Rank:** To identify geographic areas of need, census tracts were rank-ordered from highest to lowest percent of population with incomes below 200% of the Federal Poverty Level. The tracts were then divided into 10 groups. Dark reds show tracts with the highest rates; dark blues show tracts with lowest rates.

**Data Year:** 2007-2011 average

**Data Source:** American Community Survey (ACS), Census Bureau

**Disclaimer:** Census tract information is calculated using ACS counts, for purposes of identifying communities where investments of resources and time can have a big impact.



# King County Affordable Housing

## Consolidated Plan and Continuum of Care Planning Tool

### CDBG Housing Activities



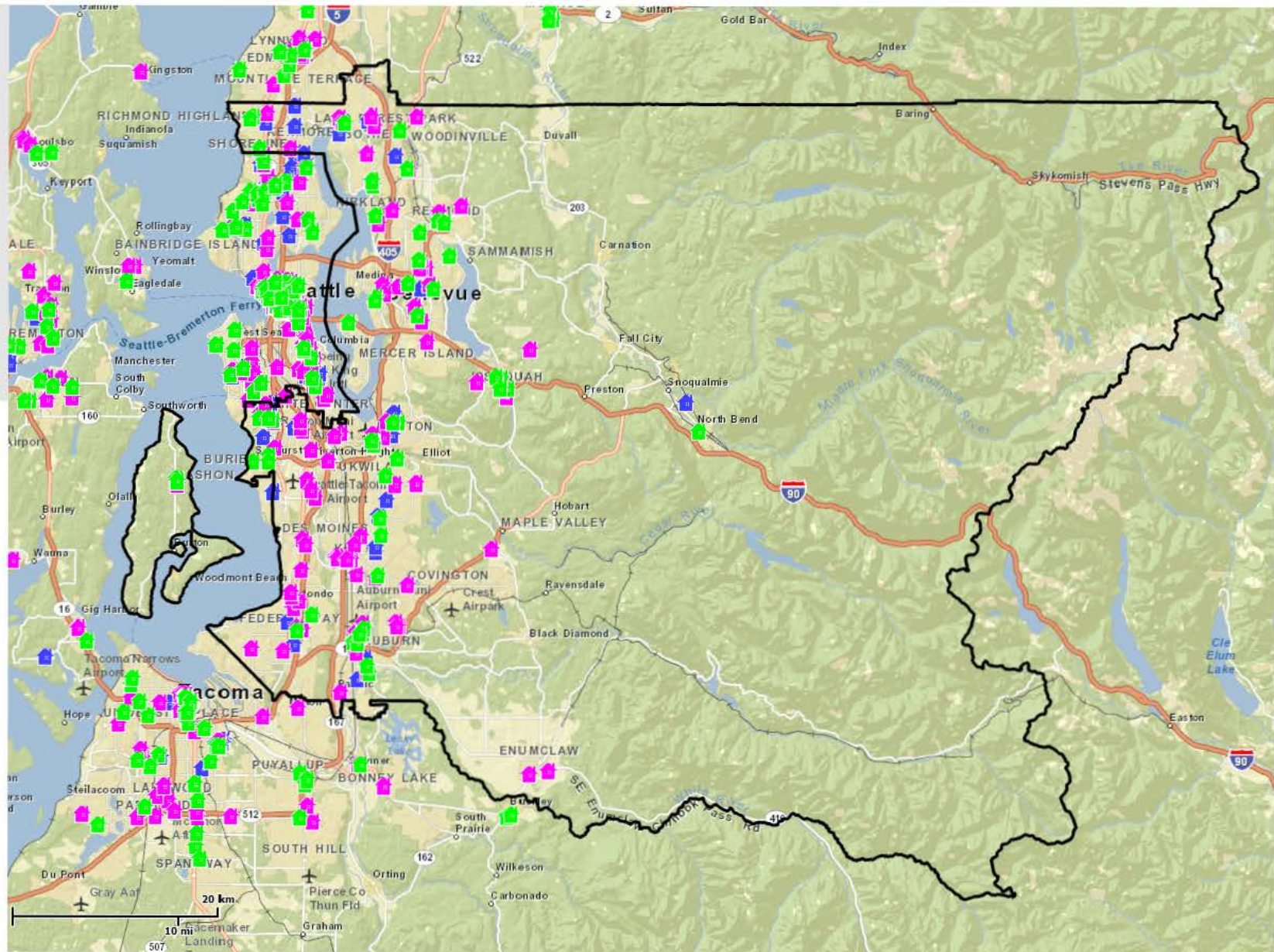
### HUD Multifamily Properties



### LIHTC Properties



### Public Housing Developments



**Title:** King County Affordable Housing, Consolidated Plan and Continuum of Care Planning Tool

**Definition:** CDBG is the Community Development Block Grant area. LIHTC are residences with Low-Income Housing Tax Credit

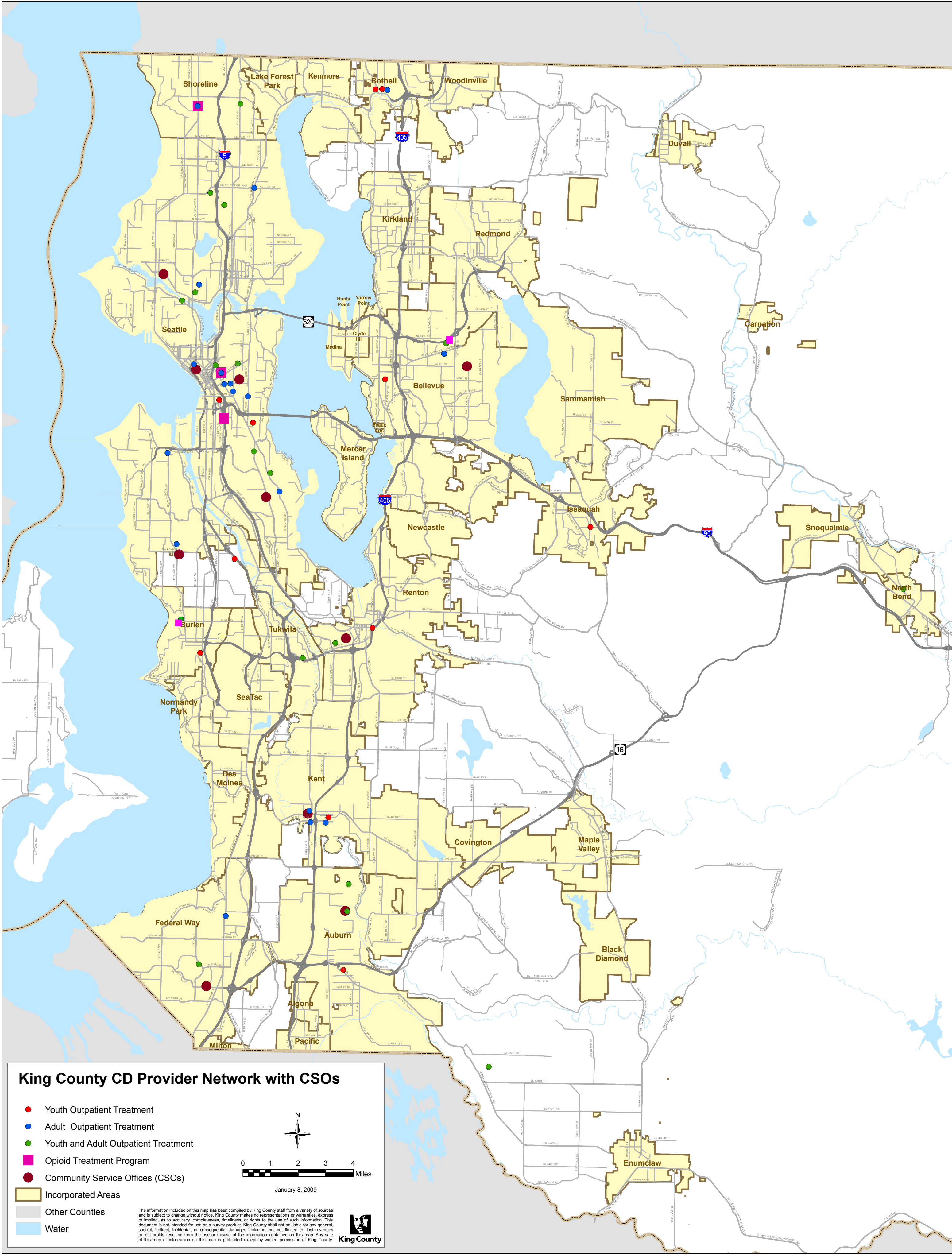
**Relevance:** Shows the locations of housing options for low-income households, including Housing and Urban Development (HUD) multi-family properties, LIHTC properties (LIHTC is a federal subsidy for financing construction and rehabilitation of low-income affordable rental housing), and public housing developments.

**Data Year:** 2013

**Data Source:** Housing and Urban Development (HUD) website



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**Title:** King County CD Provider Network with CSOs

**Definition:** Chemical Dependency (CD) provider network, including youth, adult, opioid and community service offices, by incorporated cities.

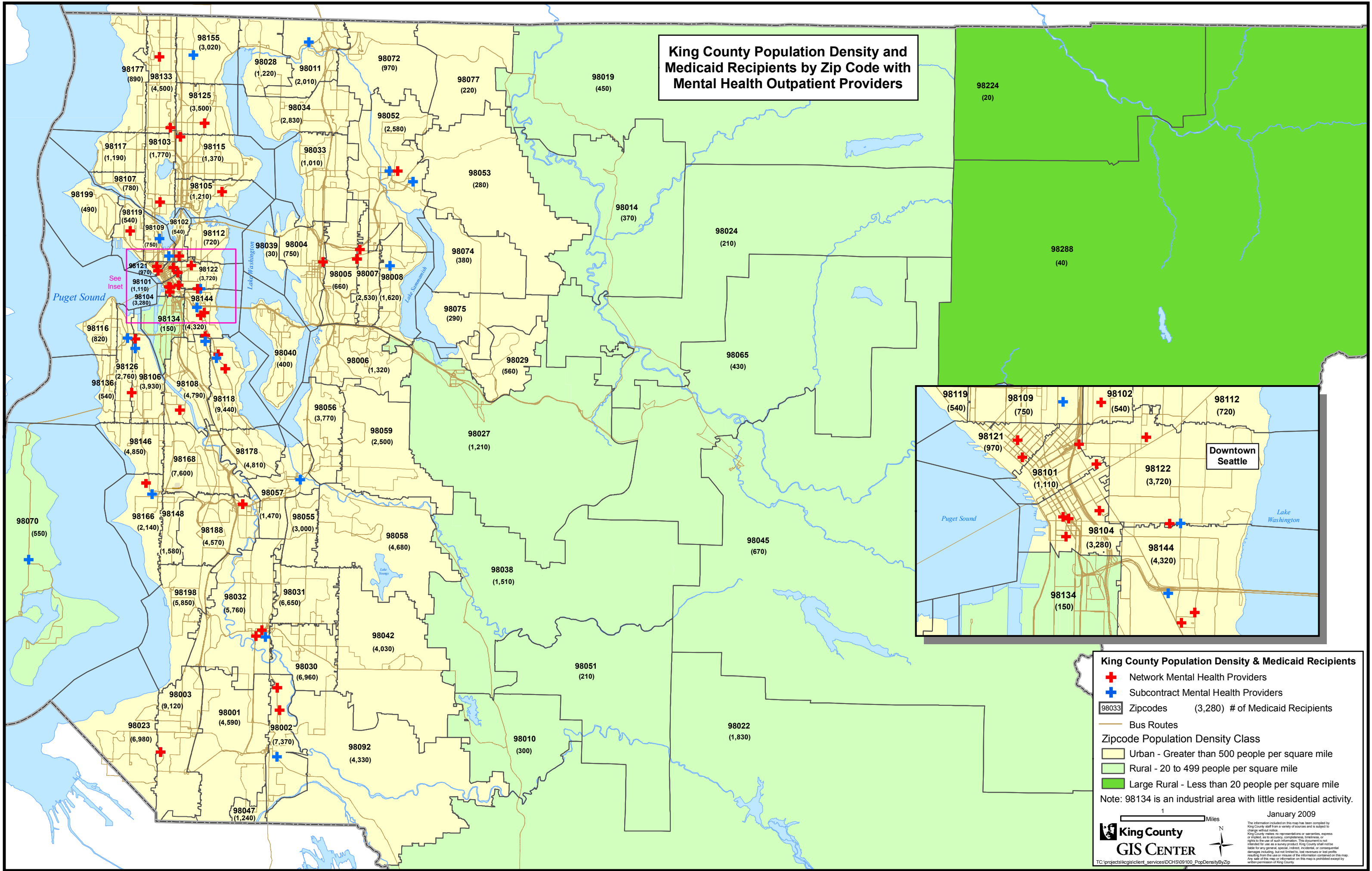
**Relevance:** Shows the locations of outpatient chemical dependency treatment options by type.

**Data Year:** 2013

**Data Source:** King County Department of Community and Human Services



King County Population Density and  
Medicaid Recipients by Zip Code with  
Mental Health Outpatient Providers



**Title:** King County Population Density and Medicaid Recipients by Zip Code with Mental Health Outpatient Providers

**Definition:** Population density is defined as “urban” where there are more than 500 people per square mile, “rural”, with 20 to 400 people per square mile and “large rural – with fewer than 20 people per square mile. ZIP code number is listed and the number in parens is the count of Medicaid recipients per ZIP code, in 2008. Brown lines indicate bus routes.

**Relevance:** Looking at the distribution of providers by population density shows an expected concentration in areas where there are larger numbers of people. The bus lines provides a rough idea of whether recipients with no or limited car access could have access to mental health outpatient providers. Looking at the count of patients by ZIP also gives an

**Data Year:** 2008

**Data Source:** Washington State Department of Social and Health Services (Medicaid counts), King County Department of Community and Human Services (mental health providers)

# Community Clinics, Public Health Clinics and Hospitals with City Boundaries King County, WA

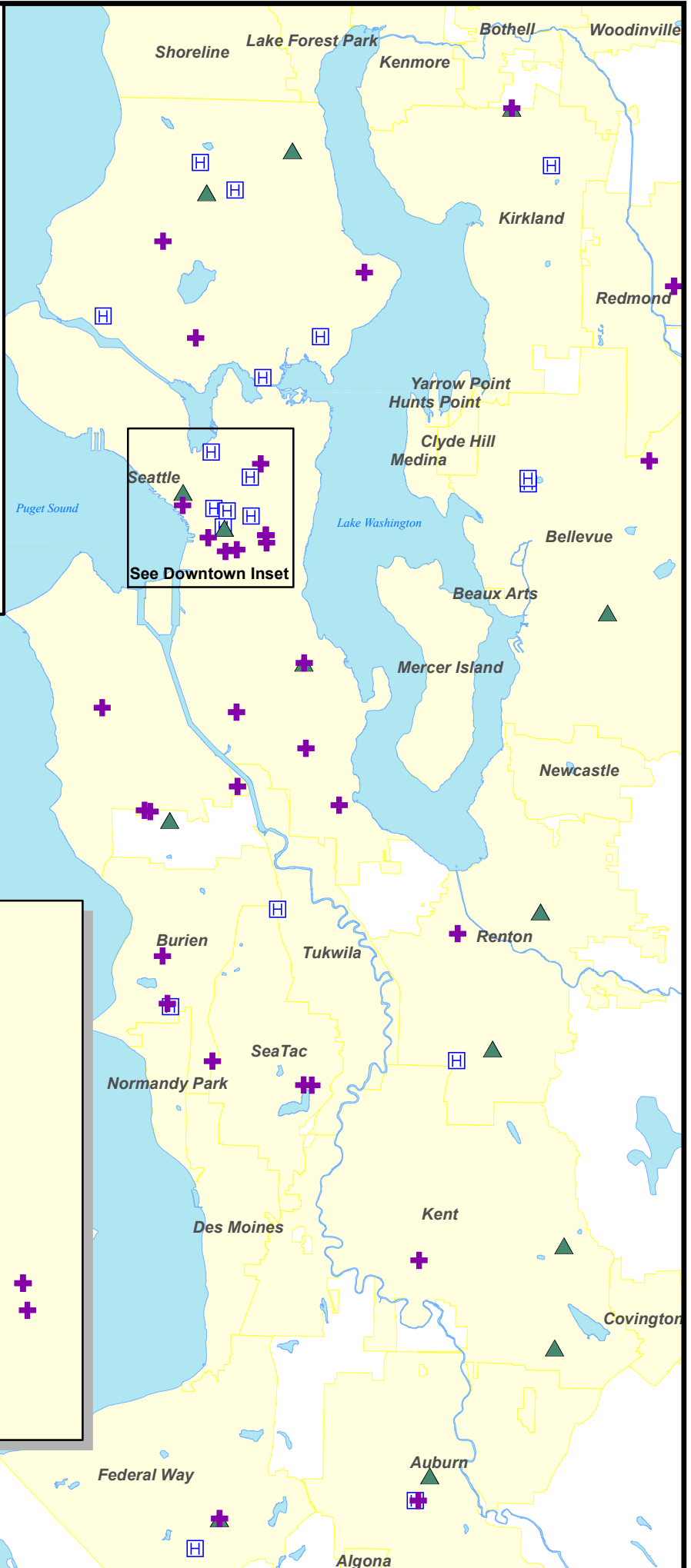
## Legend

- Community Health Clinics
- Public Health Centers
- Hospitals
- Incorporated Areas

0 1 2  
Miles



Date: 12/2/2013



See Downtown Inset



**Title:** Community Clinics, Public Health Clinics and Hospitals with City Boundaries, King County, WA

**Definition:** Location of community clinics, public health clinics, and acute care hospitals in King County

**Relevance:** To show the safety net for the uninsured and under-insured

**Data Year:** 2013

**Data Source:** Public Health, Seattle & King County